

#### **FAMILY INFORMATION**

Primary Caregiver I	Primary Caregiver 2	
First Last name	First Last name	
Relationship	Relationship	
Deceased? Yes No If yes, year deceased		
Marital status	Marital status	
How long have you lived with this person?  All my life From age to age to age	How long have you lived with this person?  All my life From age to age	
Occupation	Occupation	
Number of years in current occupation	Number of years in current occupation	
Name of business or organization	Name of business or organization	
Highest level of schooling completed	Highest level of schooling completed	
College (if any)Country	College (if any)Country	
Area of concentration Year	Area of concentration Year	
Professional or graduate school	Professional or graduate school	
Degree Year		
First Last name	First Last name	
First Last name	First Last name	
Relationship	Relationship	
Deceased?	Deceased? Yes No If yes, year deceased	
Marital status	Marital status	
How long have you lived with this person?	How long have you lived with this person?	
All my life From age to age	All my life	
Occupation	Occupation	
Number of years in current occupation	Number of years in current occupation	
Name of business or organization	Name of business or organization	
Highest level of schooling completed	Highest level of schooling completed	
College (if any)Country	College (if any)Country	
Area of concentration Year	Area of concentration Year	
Professional or graduate school	Professional or graduate school	
Dogram Voor	Degree Vear	



#### SIBLING INFORMATION

Last/Family, First			Last/Family, First	
=		1	Relationship	
Birth Date	Year in Schoo	1	Birth Date Y	
College attended or at	tending (if any)		College attended or attending (if	any)
Occupation/Job Title .			Occupation/Job Title	
bling 3			Sibling 4	
Last/Family, First			Last/Family, First	
Relationship			Relationship	
Birth Date	Year in Schoo	1	Birth Date Y	Year in School
College attended or attending (if any)			College attended or attending (if	any)
Occupation/Job Title			Occupation/Job Title	
bling 5			Sibling 6	
Last/Family, First			Last/Family, First	
Relationship			Relationship	
Birth Date	Year in Schoo	1	Birth Date Y	Year in School
College attended or at	tending (if any)		College attended or attending (if	any)
			College attended or attending (if Occupation/Job Title	
Occupation/Job Title .				
Occupation/Job Title .				
USEHOLD INCO	OME INFORMAT	TION	Occupation/Job Title	Total 2005 Incon
USEHOLD INCO  Last/Family  Last/Family	OME INFORMAT	Type of Income	Occupation/Job Title	Total 2005 Incon
USEHOLD INCO  Last/Family  Last/Family  Last/Family	DME INFORMAT  First  First	Type of Income  Type of Income	Occupation/Job Title  Job Description  Job Description	Total 2005 Incon Total 2005 Incon Total 2005 Incon
USEHOLD INCO  Last/Family  Last/Family  Last/Family  Last/Family	DME INFORMAT  First  First  First	Type of Income  Type of Income  Type of Income	Occupation/Job Title  Job Description  Job Description  Job Description	Total 2005 Incon  Total 2005 Incon  Total 2005 Incon
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#### **EDUCATIONAL INTERESTS**

Plea	se select your educational interests:
	Business
	Education
	Engineering/Technology
	Fine Arts
	Liberal Arts
	Pre-Law
	Pre-Med
	Sciences
	Other
I am	interested in attending a:
	Liberal arts college
	Engineering/Technology focused school
	Public or private university
	Single gender school
	Religiously affiliated school
	Does not matter



#### SHORT ANSWERS

What are your favorite types of music?
What are your favorite types of books or movies?
What are your favorite sports?
What is your favorite source of inspiration?
How do you spend your typical weekday evening?
How do you spend a typical weekend?
Who are your heroes? What qualities in them do you admire?
What things make you happiest?
What is the compliment that you have been paid that you are most proud of? Who gave you the compliment?
What things make you most angry?
How do you rejuvenate yourself?
What qualities do you look for in friends?
What do you consider to be your most significant achievement?
If you could change one thing about your community, what would it be and why?
What historical event do you wish you could have been a part of?
How do you handle obstacles that stand between you and your goals?

Please answer the following questions in no more than three lines. (You may use lists instead of sentences when appropriate.) (30 words max, per answer)



**ESSAYS** 

Describe an extracurricular or work experience that has made you doubt yourself and explain what you learned. (500 words max)



#### **ESSAYS**

Describe an experience that you have had or a concept that you have learned about that intellectually excites you. When answering this question, you may want to consider some of the following questions: Why does this topic excite you? How does it impact the way you or others experience the world? What questions do you continue to ponder about it? (500 words max)



#### ESSAYS (cont.)

We are interested in learning more about you and the context in which you have grown up, formed your aspirations and accomplished your academic successes. Please describe the factors and challenges that have most shaped your personal life and aspirations. How have these factors caused you to grow? (500 words max)



#### **OPTIONAL ESSAY**

Is there any other relevant information you think we should know? (500 words max)

You may include any additional information you feel will help us get to know you better. Please feel free to include any information on your relationship to a non-custodial parent, any extra medical expenses, special ways your school calculates GPA's, etc.